

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000342815
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 04/05/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			Page 1

Vendor: 1521529448 7
ASSOCIATION OF MATERNAL & CHILD HEALTH P
1825 K ST NW STE 250
WASHINGTON DC 20006-1284
United States

Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (RBB)
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Exempt Reason: N/A

Purchaser: Sprague, Jacob

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding
NB/0 - Non-biddable request where competitive bidding is not required or feasible, and a best value determination is not applicable.
Requisition 263057
Quote Pricing Attached

PO funding Dates 04/05/2024 to 08/31/2024

This is not a biddable service and this purchase order is being issued for payment purposes only.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2024 are automatically canceled.

Vendor contact
Association of Maternal Child Health Programs/AMCHP
202-775-0436

Agency contact
Nola, Conner
512-776-6361
nola.conner@dshs.texas.gov

PCS contact
Jacob Sprague
512-776-2320
Jacob.sprague3@hhs.texas.gov

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Membership/Group - AMCHP2024

Schedule Total \$14,325.00

FY24 AMCHP Group Membership Renewal
Delegates:
Lori Gabbert Charney
Kelly Fegan Bohm
Shruthi Arismendez

Family Liaison Delegate:
Kim Beam

Regular Title V Members:
Natalie Clifton
Julie Staggs
Dyanne Herrera Vasquez
Amanda Della Grotta

Item Total for Line 1 \$14,325.00

Total PO Amount \$14,325.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By 	04/05/2024
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